



Town of Whitestown
Title II of the American with Disabilities Act Section 504 of the Rehabilitation Act of 1973
REQUEST FOR ACCOMMODATION OR BARRIER REMOVAL

Please type or print legibly.

Name of person making request: _____ Date of request: _____

Address: _____ City _____ State _____ Zip _____

Telephone Number: _____ E-mail address: _____ If

person needing accommodation is not the individual completing this form, please enter: Name:

_____ Telephone Number: _____ Other

Contact Information: _____ Check

one: ☐ Accommodation ☐ Barrier Removal Accommodation

needed or location of barrier: _____

Brief statement of why the accommodation is needed or the barrier removed: _____

Date accommodation is needed: _____

Signature: _____ Date: _____

Please send or email the completed form to the Whitestown ADA Coordinator:

Brittany Garriott
Town of Whitestown
6210 Veterans Drive
Whitestown, Indiana 46075
(317) 732-4535
lbailey@whitestown.in.gov

Upon request, reasonable accommodation will be provided in completing this form or copies of the form will be provided in alternative formats. Contact the ADA coordinator at the address listed above or via telephone at 317-732-4535.

